

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Name:

Address:

City:

State:

Zip:

-

Vendor ID:

T

-

Suffix:

PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY

PERSONAL VEHICLE - COST BENEFICIAL TO THE STATE - PERSONAL MILEAGE RATE

STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE

STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS.

STATE EMPLOYEE?

☐ YES

☐ NO

SIGNATURE OF TRAVELER

DATE

TITLE

I HEREBY CERTIFY THAT THE TRAVEL UNDERTAKEN IN THIS REIMBURSEMENT VOUCHER HAS BEEN REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS OF THE COMMONWEALTH.

1. DATE	2. LOCATION AT WHICH EXPENSE WAS INCURRED. POINTS BETWEEN WHICH TRAVEL WAS NECESSARY, METHOD OF TRANSPORTATION USED AND MILEAGE RATE ALLOWED. EACH DAYS EXPENSES MUST BE SHOWN SEPARATELY.	3. MILES TRAVELED	4. MILEAGE	5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	6. PER DIEM AMOUNT	7. LODGING	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____		TOTALS		0.00	0.00	0.00	0.00	0.00
VOUCHER NUMBER		DATE(MMDDYY)				TOTAL SHEET 2		0.00
PURPOSE OF TRIP						GRAND TOTAL		0.00
<input type="checkbox"/> CONFERENCE		<input type="checkbox"/> PRESENTATION		<input type="checkbox"/> EXTRADITIONS		AMOUNT ADVANCED		
<input type="checkbox"/> ATHLETICS		<input type="checkbox"/> INVESTIGATIONS		<input type="checkbox"/> FIELD WORK		Payment/(Due to Agency)		0.00
<input type="checkbox"/> RECRUITMENT		<input type="checkbox"/> EDUCATION		<input type="checkbox"/> OTHER (EXPLAIN)				

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
					2003									
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE				DUE DATE		REFERENCE DOC		
						DATE		NUMBER		MM DD YY	NUMBER	SX		
DESCRIPTION						CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	<input type="checkbox"/>	CHECK IF CONTINUATION SHEET ATTACHED		
						NUMBER								

DEPARTMENT, INSTITUTION, OR AGENCY

Agency No.

## CONTINUATION SHEET

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Voucher Number

[illegible]